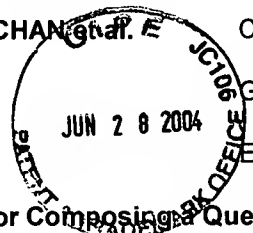


2175
\$
41

TRANSMITTAL FORM	Attorney Docket No. CA920000048US1/2174P
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In re the application: **Victor CHANG et al.** Confirmation No.: **1458**
 Serial No: **09/996,127** Group Art Unit: **2175**
 Filed: **November 27, 2001** Examiner: **Veillard, Jacques**



For: **Method and System for Composing a Query for a Database and Traversing the Database**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Restriction Requirement	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUL 07 2004 Technology Center 2100 </div>	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input checked="" type="checkbox"/>	Associate Power of Attorney		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from May 23, 2004 to June 23, 2004.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	50	50	0	\$18.00	\$ 0.00
Independent Claims	7	7	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. 7604 in the amount of \$110.00 is enclosed for payment of extension fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joyce Tom, Reg. No. 48,681
Signature	
Date	June 23, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 23, 2004	
Type or printed name	Jinny Nguyen
Signature	